

WE WILL

PREVENT PRESSURE ULCERS. KNOW THE FACTS. TAKE ACTION.

ISDH Long Term Care
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Ulcer Initiative Issue:**

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*Long Term Care Newsletter
Pressure Ulcer Initiative Update Issue
Indiana State Department of Health*

Pressure Ulcer Initiative Update

This issue of the ISDH Long Term Care Newsletter is an update of the Indiana Pressure Ulcer Quality Improvement Initiative. The objective of this initiative is to prevent pressure ulcers and significantly reduce the number of pressure ulcers occurring in long term care facilities. This phase of the initiative will be fifteen months in length. The University of Indianapolis Center for Aging and Community is the project manager and coordinator for the initiative.

Activity Update

In September 2008 the project team selected 105 comprehensive care facilities (nursing homes) to participate in this phase of the initiative. Approximately 150 comprehensive care facilities expressed an interest in participating. Facilities not selected for this phase will be included in an additional phase that the ISDH is planning for mid-2009.

A second phase of this initiative will include hospitals, home health agencies, and hospice agencies. The project team has selected participants from those providers. The first hospital learning session will be held on January 22, 2009 in Indianapolis. The first learning session for participating home health and hospice providers will take place on January 29, 2009.

The initial activity was the learning sessions conducted in late October and early November for participating comprehensive care facilities. Each of the 105 participating facilities sent a team of up to five people to one of the learning sessions which took place in five locations around the state – Indianapolis, Huntington, Merrillville, Batesville and Vincennes. Experts from various disciplines came together to share the latest information on pressure ulcer prevention and instruct participants in the most effective ways to take the information back to their staff, residents and residents' families.

The hospital webinar, which took place on November 12, had thirty-five (35) participating hospitals. The webinar covered the collaborative pre-work materials, the difference between pressure ulcer incidence and prevalence, and collection of data.

Also occurring on November 12 was a Teleconference for Residents and Families. The teleconference provided participants with an overview of the initiative, facts on pressure ulcers, discussion on the role of residents and families in preventing pressure ulcers, and an opportunity for questions and answers about

pressure ulcers.

The home health and hospice webinar on November 19 brought together 34 agencies committed to doing their part to reduce the incidence of pressure ulcers in their patients. Similar to the hospital webinar, the educational focus of this session was to review the pre-work materials, discuss the difference between pressure ulcer incidence and prevalence, and data collection.

Sincere thanks go out to all who presented, assisted with, or participated in these important learning opportunities. The entire project team is excited to work on such an important collaborative effort aimed at improving health care quality.

Pressure Ulcer Newsletter

The ISDH is planning to provide a monthly newsletter on the pressure ulcer initiative. This monthly newsletter will address the most frequently asked questions and provide technical assistance. Our intent and goal is to include sections on:

- Technical support
- Questions & Answers
- Consumer Corner
- Success Stories from Initiative Partners and Participants
- Networking Opportunities

We encourage and want your ideas, information, and comments. If you have any ideas, information or questions for this e-newsletter, please submit them to Jo Dyer at jdyer@hce.org.

GPRA Update

In 2005, the Centers for Medicare and Medicaid Services (CMS) implemented a two-year Government Practices Responsibility Act (GPRA) Initiative. CMS designated pressure ulcers as one of two priority goals for CMS Region V and directed the state quality improvement organizations to assist long term care facilities in addressing the problem. [The second priority goal is restraints.]

CMS 2003 data indicated a 9.2% pressure ulcer rate in Indiana comprehensive care facilities (nursing homes). At the beginning of the GPRA initiative in September 2005, the pressure ulcer rate in Indiana nursing homes was 8.6%. The GPRA goal for CMS Region V was a pressure ulcer rate of 7.4% in nursing homes with a stretch goal of 6.8%.

By June 2007 the Indiana rate had declined to 8.1%. The rate rose to 8.5% in first quarter of the federal fiscal year 2008. The latest reported rate stands at 8.4% for the second quarter of federal fiscal year 2008 (March 2008). Indiana continues to have the highest pressure ulcer rate in CMS Region V.

Facility Pressure Ulcer Action Plan

The collaborative partners are now venturing into the first working phase of the initiative. The next step for each participating facility is to develop and implement an action plan for the facility. That should begin with a comprehensive review and evaluation of the facility's pressure ulcer prevention and treatment system. The following are some of the broad approaches and considerations in that review and evaluation:

1. Attention to the skin assessment from all staff members
2. Monitoring resident/patient movement and using creative ways to increase this through activities
3. Inclusion of the resident/patient and his or her family in the prevention process and care planning
4. Collection of data in a careful and consistent manner

In implementing an action plan for the facility or agency, the question for many is "Where do I go now

and how do I continue to do my part of this initiative?" Here are some suggestions:

- Be aware of your Plan, Do, Study, and Act (PDSA) quality improvement cycles. Use your pre-work Self-Assessment to lead your projects.
- Do rapid change cycles to see your successes.
- Educate your staff on the prevention of Pressure Ulcers on a continuous basis (consider updates at each staff meeting).
- Collect your data consistently on a monthly basis and submit to Lidia Dubicki (ldubicki@uindy.edu) at the University of Indianapolis by the 5th of each month.
- Contact Jo Dyer at Health Care Excel for technical assistance. If you need any help, our expert panel is available to you through her. No question or situation is too big or small to help you keep moving forward on your mission to prevent pressure ulcers. You can reach Jo at 812-234-1499, ext.323, or at jdyer@hce.org.

Coming Events

January 22, 2009: First Learning Session for hospitals, Indianapolis.

January 29, 2009: First Learning Session for home health agencies and hospice agencies, Indianapolis.

April 14, 15, 16, 29, & 30, 2009: Second Learning Sessions for all participants at regional locations around the state.

August 26, 2009: Final Initiative Congress for all participants, Indianapolis.

The Indiana State Department of Health and University of Indianapolis Center for Aging and Community thanks each of the participating facilities and collaborative partners for their efforts and contributions in making this initiative a success. This is an important health care quality issue and we appreciate the enthusiastic response to this initiative. Please let us know how we can assist you in implementing your pressure ulcer quality improvement plans.

Terry Whitson
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Indiana State Department of Health